

CHILD CARE LICENSOR EVALUATION
UDOH/ OFFICE OF CHILD CARE LICENSING
1-888-287-3704 E-MAIL: HEALTH.UTAH.GOV/LICENSING

FACILITY: _____

TYPE: ☒ Family ☒ Family Group ☒ Center ☒ Hourly Center ☒ Residential Certificate

PURPOSE: ☒ Survey ☒ Follow-up ☒ Complaint ☒ Other, please specify _____

SURVEYOR(S) NAME(S): _____

1 POOR	2 FAIR	3 LESS THAN AVERAGE	4 AVERAGE	5 ABOVE AVERAGE	6 GOOD	7 EXCELLENT
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In order to assess the quality of the survey process, this evaluation is provided as a means for your facility to share information concerning the survey. Please use the above scale to rate each of the areas identified below. If you select a 1, 2 or 3 rating, please address the item with specific explanatory comments.

Please complete and return this evaluation within ten (10) calendar days.

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|--|---|---|---|---|---|---|---|
| 1. Licensing staff introduced themselves to facility staff. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Explanation of the survey process was given when the survey began. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Provider staff were informed during the course of the survey the information needed to complete the survey. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Sufficient explanation and assistance were given to the provider so she/he could understand the findings and the reason for those findings. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Deficiencies were explained in a clear and concise manner, if applicable. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. Opportunity was given to discuss and question the survey findings. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. If differences arose during the survey, they were either resolved or attempts were made to resolve them prior to the licensor's departure. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. Opportunity was given to provide additional information relevant to the findings. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. Questions regarding the regulations, licensure, and required certifications were addressed and useful technical assistance was provided. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. The survey was conducted in a courteous and professional manner. | | | | | | | |
| a. With regard to provider staff. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| b. With regard to children. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Comments or suggestions:

Please use the back of this page for any additional comments and return the evaluation in the attached envelope to: Jarad Nielson, **Office of Child Care Licensing, State of Utah, Department of Health, Box 142003, Salt Lake City, Utah 84114-2003**. Phone: 538-6152; fax 538-9259.

Survey 12/04

SURVEY DATE: _____